

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044841

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 257

Primary Registration District No. 5883

Registrar's No. 35

STATE FILE NUMBER

FILED NOV 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1 0760
2 0760
3
4 0
5 0
6
7 0
8 2
9 9/120
10 3
11 076
12 90-3
13 20

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Linn Twp</u>		c. CITY OR TOWN <u>Linn</u>	
Length of stay in 1b <u>14</u> years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>at his home W. of Linn</u>		d. STREET ADDRESS (If outside, give location) <u>R F D</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Edward</u> Last <u>Schaefer</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/1/1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	
11. BIRTHPLACE (City and state or country) <u>Linn Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Edward Schaefer</u>		13b. MOTHER'S MAIDEN NAME <u>Ivorine Marie Jatterman</u>	
14. NAME OF HUSBAND OR WIFE <u>not married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>William E Schaefer, Linn Mo, R D</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured neck and crushed thoracic cavity organs</u> DUE TO (b) <u>Farm Tractor accidentally overturning on him</u> DUE TO (c) <u>[redacted]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Farm Tractor overturned on him</u>	
20c. TIME OF INJURY Hour <u>5:00</u> a.m. <u>-</u> p.m. <u>-</u> Month, Day, Year <u>11-15-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home yard</u>		20f. CITY, TOWN, OR LOCATION <u>Near Linn</u>	
COUNTY <u>Osage</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <u>Approximately 5:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Box M Linn Mo</u>	
22c. DATE SIGNED <u>11/16/63</u>		(State)	
23a. BURIAL INFORMATION; REMOVAL (Specify) <u>burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>St George Cemetery</u>	
23c. LOCATION (City, town, or county) <u>Linn Mo</u>		23d. DATE RECD. BY LOCAL REG. <u>11/16/1963</u>	
24. FUNERAL DIRECTOR <u>Clyde Morton</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Linn MO</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

11-10-1942

0270
10110

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0270
0270

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Leim, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.